

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395105</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>05/04/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>MOSSER NURSING HOME</b>  STATE LICENSE NUMBER: <b>133902</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1175 MOSSER ROAD P O BOX 133 TREXLERTOWN, PA 18087</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0812	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and Civil Rights Compliance survey completed May 4, 2023, it was determined that Mosser Nursing Home was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0812			
SS=F					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0812  SS=F	Continued from page 1  483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is not met as evidenced by:	F 0812	The unwrapped eggplant was immediately discarded. The facility will re-furbish all the wired shelves. The NHA/designee will provide education to the Dietary department on the facility policy entitled " Storage of Food and Supplies". The Food Service Director/designee will conduct random audits of the cook's cooler to validate acceptable practices for the storage of food. The audits will be done weekly X 4 weeks and then monthly X 2 months. Reports will be brought to the QAPI committee for further action as warranted.	Completion Date: <b>06/02/2023</b> Status: <b>APPROVED</b> Date: <b>05/15/2023</b>	

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F 0812  SS=F	<p>Continued from page 2</p> <p>Based on facility policy review, observation, and staff interview, it was determined the facility failed to store food under sanitary conditions in the dietary department.</p> <p>Findings include:</p> <p>Review of the facility policy entitled, "Storage of Food and Supplies," dated November 23, 2022, revealed that all food, non food items, and supplies used in food preparation were to be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption.</p> <p>Observation during the initial kitchen tour on May 2, 2023, at 9:48 a.m., revealed in the cook's cooler that all ten of the wire shelves had rust and peeled and chipped paint on the bottom and top and along the length of the wire shelves. There was an unwrapped eggplant stored directly on the shelves.</p> <p>In an interview conducted on May 4, 2023, at</p>	F 0812			

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F 0812  SS=F	Continued from page 3  10:00 a.m., the Administrator confirmed the presence of rust and paint in the cook's cooler.  28 Pa. Code 201.18(b)(3) Management.  28 Pa. Code 211.6(c) Dietary services.	F 0812			



# Certified End Page

**MOSSER NURSING HOME**

**STATE LICENSE NUMBER: 133902**

**SURVEY EXIT DATE: 05/04/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY